NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION EXAMINATIONS & LICENSING UNIT - GENERAL SERVICES

STATEMENT OF OUALIFICATIONS

INSTRUCTIONS: Part A of this form must be completed by the applicant. Part B must be completed by the DEP recognized licensed operator in charge. A separate form is to be completed by each DEP recognized licensed operator in charge under whom you worked substantiating your operating/direct responsible charge experience. If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be documented. ONLY listing the "firm" as your employer is not acceptable. All experience must be submitted on this form. Please photocopy this form if you have more than one employer. Only forms with original signatures will be considered.

<u>PART A</u>
APPLICANT NAME
APPLICANT NAME
(Please list appropriate class - 1, 2, 3 or 4)
PART B
APPLICANT NAME
APPLICANT JOB TITLE
PLACE OF EMPLOYMENTNJPDES/PWSID \
LICENSE CLASSIFICATION(S) OF FACILITY
DATES OF EMPLOYMENT: FromTo
L OPERATING EXPERIENCE: Yrs Mos.
(Applications for ALL S, W, T, C classification and all industrial wastewater treatment classifications <u>must</u> contain this information.)
II. DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE: Yrs Mos.
(Applications for classification 3 and 4 (S,W,T,C) must contain this information) (Applications from out-of-state/reciprocity applicants, for classifications 3 & 4 must contain this experience data)
III. TOTAL OPERATING & DRC EXPERIENCE AT THIS FACILITY: Yrs. Mos.
Describe specific duties (responsibilities) performed while in the job title indicated above. Indicate the percentag of time spent in each area.
OPERATIONS (Records, reports, equipment operating, sludge handling, process control functions, etc.)
% of Time
MAINTENANCE (Pumps, level controls, chlorination, etc.) SEPARATE AND IDENTIFY CONVEYANCE VS TREATMENT EXPERIENCE IN THIS AREA.
% of Time

LABORATORY PROCEDURE (Process control	rol and regulatory testing)		
% of Time		•	
COLLECTION OR DISTRIBUTION (O & M	Procedures)		
% of Time			
MANUFACTURING AND/OR PROCESS EXI	PERIENCE (Industrial License On	lv)	
% of Time	(======================================	-37	
% of Time			•
Are you the DEP recognized licensed op If "NO" has been checked, list the reasure able to verify this applicant's work expansions. The supervisor may certify their expensions.	perator in charge at this place son why you have signed this experience. If the applicant is erience.	of employment Statement of Qual the only licensed o	Yes No lification and how you operator at this facility,
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•			
To the best of my knowledge, I ce and any additional attachments is	rtify the <u>information</u> provided s factual and accurate.	l on this statement	of qualifications
Print Name	Signature	Date	License Class(es) Currently Held and License Number(s)